

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

409



**FROM:** Riverside County Regional Medical Center (RCRMC)

**SUBMITTAL DATE:**  
March 28, 2006

**SUBJECT:** Amendment to the Professional Medical Services Agreement between the County of Riverside and Loma Linda University Physicians Medical Group, Inc., Division of Medical Oncology and Hematology

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Approve the Amendment to the Professional Medical Services Agreement, effective April 1, 2006;
- 2) Authorize the Chairperson to sign three (3) copies of the Agreement; and
- 4) Retain one (1) copy and return two (2) copies of the executed Agreement to Riverside County Regional Medical Center (RCRMC) for distribution.

**BACKGROUND:** On May 18, 2004, Agenda Item No. 3.26, the Board of Supervisors approved the Agreement with Loma Linda University Physicians Medical Group, Inc., Division of Medical Oncology and Hematology for the provision of professional Hematology and Oncology services in addition to related administrative and teaching services. This Amendment to the Agreement assigns all rights and responsibilities of the Agreement from the Loma Linda University Physicians Medical Group, Inc., Division of Medical Oncology and Hematology to the Faculty Physicians and Surgeons of Loma Linda University School of Medicine (FP&S).

This Agreement has been approved as to form by Riverside County Counsel.

Departmental Concurrence

FORM APPROVED  
COUNTY COUNSEL

MAR 28 2006

BY *[Signature]*

*[Signature]*  
Douglas D. Bagley, Hospital Director

DB:cg

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$0	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:	NO
	Annual Net County Cost:	\$0	For Fiscal Year:	FY 05/06

<b>SOURCE OF FUNDS:</b> Enterprise Funds	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

**APPROVE**

*[Signature]*

**County Executive Office Signature**

Policy	<input checked="" type="checkbox"/>	Policy	<input checked="" type="checkbox"/>
Consent	<input checked="" type="checkbox"/>	Consent	<input checked="" type="checkbox"/>
Dept Recom:	<input type="checkbox"/>	Per Exec Ofc:	<input type="checkbox"/>

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RECEIVED RIVERSIDE COUNTY

3.17